

JURY SERVICE EXIT QUESTIONNAIRE

Your answers to the following questions will help improve jury service.

ALL RESPONSES ARE VOLUNTARY AND CONFIDENTIAL

1. Approximately how many days did you report to the courthouse? _____
2. How much of your time was spent waiting in the Jury **Assembly** Room? _____
3. How much of your time was spent waiting in the Jury **Deliberation** Room? _____
4. How many times have you been called for jury duty before in this county? _____
5. How many times have you served as a juror on trial in this county? _____

HOW WOULD YOU RATE THE FOLLOWING FACTORS? PLEASE ANSWER ALL QUESTIONS

- | | | | | | | |
|----|---------------------------------------|------------------------------------|-------------------------------|-----------------------------------|-------------------------------|------------------------------|
| 6. | COMMUNICATION | | | | | |
| | A. AUTOMATED PHONE SYSTEM | Excellent <input type="checkbox"/> | Good <input type="checkbox"/> | Adequate <input type="checkbox"/> | Poor <input type="checkbox"/> | N/A <input type="checkbox"/> |
| | B. WEBSITE | Excellent <input type="checkbox"/> | Good <input type="checkbox"/> | Adequate <input type="checkbox"/> | Poor <input type="checkbox"/> | N/A <input type="checkbox"/> |
| | C. FAX LINE | Excellent <input type="checkbox"/> | Good <input type="checkbox"/> | Adequate <input type="checkbox"/> | Poor <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 7. | INITIAL ORIENTATION: | Excellent <input type="checkbox"/> | Good <input type="checkbox"/> | Adequate <input type="checkbox"/> | Poor <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 8. | TREATMENT BY JUROR SERVICES PERSONNEL | Excellent <input type="checkbox"/> | Good <input type="checkbox"/> | Adequate <input type="checkbox"/> | Poor <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 9. | TREATMENT BY COURTROOM PERSONNEL | | | | | |
| | A. THE COURT | Excellent <input type="checkbox"/> | Good <input type="checkbox"/> | Adequate <input type="checkbox"/> | Poor <input type="checkbox"/> | N/A <input type="checkbox"/> |
| | B. COURTROOM STAFF | Excellent <input type="checkbox"/> | Good <input type="checkbox"/> | Adequate <input type="checkbox"/> | Poor <input type="checkbox"/> | N/A <input type="checkbox"/> |
| | C. THE ATTORNEYS | Excellent <input type="checkbox"/> | Good <input type="checkbox"/> | Adequate <input type="checkbox"/> | Poor <input type="checkbox"/> | N/A <input type="checkbox"/> |

COMMENTS: _____

- | | | | | | | |
|-----|-------------------------|------------------------------------|-------------------------------|-----------------------------------|-------------------------------|------------------------------|
| 10. | RESPECT OF YOUR TIME | | | | | |
| | A. JUROR SERVICES STAFF | Excellent <input type="checkbox"/> | Good <input type="checkbox"/> | Adequate <input type="checkbox"/> | Poor <input type="checkbox"/> | N/A <input type="checkbox"/> |
| | B. THE COURT | Excellent <input type="checkbox"/> | Good <input type="checkbox"/> | Adequate <input type="checkbox"/> | Poor <input type="checkbox"/> | N/A <input type="checkbox"/> |
| | C. COURTROOM STAFF | Excellent <input type="checkbox"/> | Good <input type="checkbox"/> | Adequate <input type="checkbox"/> | Poor <input type="checkbox"/> | N/A <input type="checkbox"/> |
| | D. THE ATTORNEYS | Excellent <input type="checkbox"/> | Good <input type="checkbox"/> | Adequate <input type="checkbox"/> | Poor <input type="checkbox"/> | N/A <input type="checkbox"/> |

COMMENTS: _____

~Please Complete Reverse Side~

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- 11. COURTHOUSE FACILITIES**
- A. CLEANLINESS** **Excellent** ☐ **Good** ☐ **Adequate** ☐ **Poor** ☐ **N/A** ☐
- B. RESTROOMS** **Excellent** ☐ **Good** ☐ **Adequate** ☐ **Poor** ☐ **N/A** ☐
- C. ELEVATORS** **Excellent** ☐ **Good** ☐ **Adequate** ☐ **Poor** ☐ **N/A** ☐
- D. COURTROOMS** **Excellent** ☐ **Good** ☐ **Adequate** ☐ **Poor** ☐ **N/A** ☐
- E. JURY ASSEMBLY ROOM** **Excellent** ☐ **Good** ☐ **Adequate** ☐ **Poor** ☐ **N/A** ☐
- F. JURY DELIBERATION ROOMS** **Excellent** ☐ **Good** ☐ **Adequate** ☐ **Poor** ☐ **N/A** ☐
- G. OVERALL PHYSICAL APPEARANCE** **Excellent** ☐ **Good** ☐ **Adequate** ☐ **Poor** ☐ **N/A** ☐
- 12. PARKING** **Excellent** ☐ **Good** ☐ **Adequate** ☐ **Poor** ☐ **N/A** ☐
- 13. PARKING SHUTTLE SERVICE** **Excellent** ☐ **Good** ☐ **Adequate** ☐ **Poor** ☐ **N/A** ☐
- 14. PERSONAL SAFETY** **Excellent** ☐ **Good** ☐ **Adequate** ☐ **Poor** ☐ **N/A** ☐
- 15. EATING FACILITIES** **Excellent** ☐ **Good** ☐ **Adequate** ☐ **Poor** ☐ **N/A** ☐
- 16. SCHEDULING OF YOUR TIME** **Excellent** ☐ **Good** ☐ **Adequate** ☐ **Poor** ☐ **N/A** ☐
- 17. Did you lose income as a result of jury service?**
 Yes ☐ **No** ☐ **N/A** ☐
- 18. If selected as a sworn juror, were your jury instructions as read to you by the judge, complete and easy to understand?**
 Yes ☐ **No** ☐ **N/A** ☐
- 19. Having completed your jury service, what is your overall impression?**
 Excellent ☐ **Good** ☐ **Adequate** ☐ **Poor** ☐ **N/A** ☐

ADDITIONAL COMMENTS:

**Please mail to: Fresno Superior Court
Juror Services Division
1100 Van Ness Avenue
Fresno, CA 93724**

Date of service _____

Courtroom, if assigned _____